

Fry Family Foundation CNA Leadership Achievement Awards (Entrance)

Donor: Fry Family Foundation

Number of Awards: Eighteen (18) – one per campus (including DL)

Value: \$1000 each

Criteria: Awarded to a first year, full-time student enrolled in any certificate or diploma level program. Based on academic excellence, community involvement and leadership.

An application form, a Fry Family Foundation Eligibility Form, College Reference Form, a College & Community Volunteer Activities Form and College transcript or Student Progress Report are required. Deadline for applications is mid-January. Please see application form for exact date. Application forms are available on the College website.

Please see application on next page.



Fry Family Foundation CNA Leadership Achievement Award (Entrance)

Application must be received by Student Services office by January 23, 2023

Name: _____ **Student #:** _____

Address: _____

Phone #: _____

E-mail: _____

Program: _____

Campus: _____

Applicant Checklist:

- A College Reference Form is attached
- A College Transcript or a Student Progress Report is attached
- A College & Community Volunteer Activities Form is attached
- A Fry Family Foundation Eligibility Form is attached

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The Fry Family Foundation CNA Leadership Achievement Awards rewards students who are making a significant positive impact in their communities. These awards recognize students who continue to deliver upon high academic standards and demonstrate continuous improvement in their leadership abilities. The Fry Family Foundation believes that students who continuously improve their leadership attributes are vital to the future success of the communities and regions where they live and work. In further enhancing leadership skills, students are better equipped and will help to ensure the province's economic sustainability across all regions of Newfoundland and Labrador.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

I hereby make the following declaration:

1. I intend to be a full-time student for the academic year/semester for which this application is made.
2. I have answered all questions, which are applicable to me, and the answers given by me are true.
3. I understand that if selected for an award / scholarship/ bursary I will be required to provide my Social Insurance Number, so that a T4A may be issued for income tax purposes.

Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.

I further acknowledge that my personal information (i.e. photo, name, video, program, and home community) may be shared with the donor of this award and can be used by CNA for promotional purposes.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application and provide status reports to the donor. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Name: Print or Sign

Date

Please Turn over

I believe it is important to be a leader in my community / college because:



The Fry Family Foundation Eligibility Form

APPLICANT'S NAME: _____

This information will be shared with the donor "The Fry Family Foundation." The donor may use this information to contact you directly for a status update.

I, _____ consent to sharing all information on this report form with the donor of the award if selected as the recipient of the award.

Program name: _____

Please provide a brief summary of why you chose your program.

Explain why you believe you are a worthy candidate for this award and how it will help you with your educational pursuits.

If you require more space, please attach a separate sheet.

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I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

INFORMATION: *(please print)*

Name: _____

Home Phone: _____ **Cell Phone:** _____

Permanent Mailing Address: _____

Personal E-Mail Address: _____

Name: _____ **Date:** _____